



31n School-Based Mental Health Services

2019-2020 LEGISLATIVE REPORT

The overall intent of 31n is to increase capacity for mental health and support services in schools for general education pupils throughout Michigan. In 2019, the Michigan Legislature allotted over \$30 million to continue this effort.



2019 Funding Allocations

31n(5): \$5 million for Child and Adolescent Health Center (CAHC) services

Allotted to the existing network of CAHCs to place a licensed master’s level behavioral health provider in schools that do not currently have services available to general education students.

31n(6): \$24.5 million for Intermediate School District (ISD) services

Distributed equally to the 56 ISDs for the provision of mental health and support services.

31n(10): \$500,000 for administration

Distributed equally to the 56 ISDs for the purpose of administering programs funded under 31n and to ensure the overall vision and intent of the legislation is carried out.



31n(6) Hiring Impact

291

local school districts served

762

school buildings served

330,320

students attended a school with at least one 31n(6) funded provider

89.78

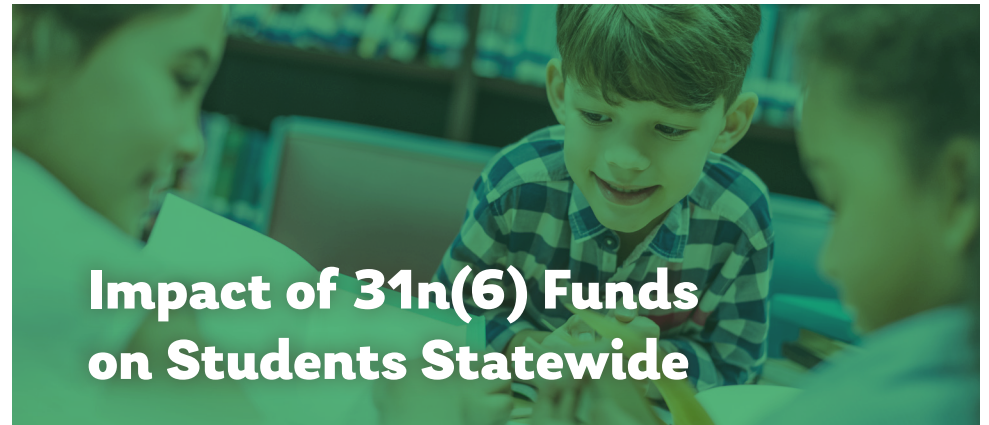
Full-Time Equivalent (FTE) licensed behavioral health providers hired directly by an Intermediate School District (ISD) or local district with 31n(6) funds

50.2

FTE licensed behavioral health providers hired through contract-based collaborative partnerships with community mental health programs to provide direct services to students

28.98

FTE licensed behavioral health providers hired through contract-based collaborative partnerships with private practice providers to provide direct services to students



Impact of 31n(6) Funds on Students Statewide

68.84

FTE licensed master's level social workers (LMSW)

37.5

FTE licensed master's level professional counselors (LPC)

21.98

FTE limited licensed master's level social workers (LLMSW) under supervision of LMSW

19.17

FTE licensed master's level school social workers (LMSSW)

9.35

FTE limited licensed master's level professional counselors (LLPC) under the supervision of LPC

6.2

FTE fully licensed psychologists

3

FTE limited licensed master's level psychologists under supervision of a fully licensed psychologist

1.7

FTE MDE credentialed master's level school psychologists

1

FTE Board Certified Behavior Analyst (BCBA)



Services Provided by 31n(6) Funded Providers

Prior to suspension of in-person instruction on March 16

10,259

students received screenings or assessments

7,451

unduplicated students received direct services from a 31n(6) funded provider

1,046

referrals to external community partners for services beyond 31n

After in-person instruction was suspended on March 16

1,771

students received screenings or assessments

1,434

unduplicated students received direct services from a 31n(6) funded provider

227

referrals to external community partners for services beyond 31n

31n Technical Assistance Workgroups & Subcommittees

Each group has met to compile data and create documents that they feel best addresses the issue or solves the problem to which they are assigned. Examples may include a guidance document, visual diagram, frequently asked questions sheet, etc. to share with 31n stakeholders, including providers in the field.

Parent Engagement: The goal of this group is to increase the general engagement of parents/guardians that have children receiving mental health services from 31n providers. Examples of opportunities include helping parents/guardians to return consent forms and effective communication between families and school, especially during school closures.

Continuation of Services: This group will look at identifying systems and structures so that 31n providers can provide services in a streamlined and efficient way within the confines of their contracts when students are not in school. For example, the suspension of in-person instruction due to COVID-19, school closures due to weather, or students missing school for suspension, illness, or lack of interest.

Hiring: The goal of this group is to explore options for recruiting, hiring, and retaining high-quality candidates to fill mental health provider vacancies across the state of Michigan.

Universal Consents: The goal of this group is to produce examples of what information can be shared with school personnel and/or parents/guardians when a child receives services from a 31n provider, and how to streamline that communication while adhering to Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) guidelines. This group will also produce examples of forms for consent to treat and bill, including opt-out forms.

Communication: Members of this group will develop a communication plan for how to get the multiple communication streams to flow together and how to disseminate resources in plain language so each ISD and district receives and understands the same critical information.

Mental Health Program and Implementation: The goal of this group is to identify best practices around mental health programming and implementation to provide resources to ISDs addressing the mental health needs of their students with 31n providers.

Finance: The Finance Committee provides analysis of 31n and Caring 4 Students (C4S) funds to make recommendations for a sustainably funded program that provides Michigan students equitable access to mental health services.

Child & Adolescent Health Center (CAHC) Impact

The E3 (Expanding, Enhancing Emotional Health) sites were placed in counties that were home to more than 2/3 of youth suicides (ages 10-24 years) that occurred from 2008-2017.

The average youth suicide rate in counties with E3 sites is 10.3 per 100,000 person-years, 13% higher than the state average of 9.1 per 100,000 person-years.



TRAINING OPPORTUNITIES:

Summer Webinar Series offered to all mental health providers in E3 (other CAHC models). 60-80 Mental Health Providers attended each training.

Topics included: School Support for Transgender Youth, Foundational Overview: Strategies to Support LGBTQ Youth, Understanding Psychosis in Adolescents, Tips and Tricks to Engage Children & Adolescents in Tele-therapy, Creative Strategies for Assessment, and Intro to Transforming Research into Action to Improve the Lives of Students (TRAILS) Coping with COVID-19.



71

total E3 Sites across the State

36

Counties with an E3 site location

95%

of Licensed Mental Health Providers were hired (LMSW, LLMSW, LPC, LLPC)

75%

of Mental Health Providers operated during the pandemic (tele-mental health sessions, off site locations)


2,721

Unduplicated Users served this fiscal year (unduplicated users are students that are only counted once annually)

19,584

Mental Health Visits (in person and tele-therapy)

What ISDs are Saying



“I know that the services we provided positively impacted the lives of children during this unprecedented school closure. We served students who had no capacity to survive traumatic events as well as their families. We are building a culture of prioritizing the social-emotional needs of children and families, training teachers to be better equipped in their responses to the needs of all children, and are better serving students for whom we previously had little or no capacity to address in the past. We have literally saved children’s lives - plain and simple.”

— **DIANE TALO**

St Joseph ISD Director of Instructional Leadership

“In an area where resources are scarce, yet the need is high, this funding has been the catalyst for community collaboration in meeting the mental health needs of students - especially for those who do not qualify for special education programs.”


— **DEB SNYDER**

Clare-Gladwin RESD Assistant Superintendent, General Education

“The scale up in our small ISD doubled the number of school-based mental health providers in our schools. We are now able to provide services in even our smallest most remote districts every week. This access to high quality mental health services is literally saving lives.”

— **TRACY MCCORD**

Eastern Upper Peninsula ISD Grants Facilitator



“The 31n(12) funds have allowed us to develop a common language and strategies to use in all school settings, through Trust Based Relational Intervention (TBRI). We have been able to develop a TBRI core team in each school in our region to support the implementation of TBRI principles in every school. The school teams are represented by teachers, administrators, counselors, and support staff who are working to build the capacity of all school staff in utilizing TBRI principles. We have also engaged community partners in this work and they are learning TBRI, as well, so that we can better collaborate to support students and families from a common lens. The 31n(6) funds are making a huge difference in the level of mental health support for the students in our region. We now have mental health services in schools that have never previously had service and we have significantly increased the level of service in several other schools. We are so appreciative of the continued funding and the impact it is having for our students!”

— **RICH MARSHALL**

Cheboygan-Otsego-Presque Isle ESD Director of Instructional Services

“31n funds have enabled our Monroe county schools to have seamless access to evidenced-based mental health services and programs that truly support the whole child. Our children are receiving information that not only helps decrease the stigma of mental health, but support and skills to develop healthy ways of managing stress, anxiety, and depression. 31n funds have given our ISD the ability to have a mental health team that is available to all county school professionals in the event they need support due to a crisis, student consultation, or school-wide need. 31n has allowed us to have a support network for those who are supporting our students.”

— **MARGOT LECHLAK**

Monroe County ISD Mental Health Crisis Coordinator

Advisory Council

Communities In Schools of Michigan

Delta-Schoolcraft ISD

Great Start Collaborative of Jackson County

HealthWest

Jackson County ISD

Livingston ESA

Manistee ISD

Michigan Association of Community Mental Health

Michigan Association of Health Plans

Michigan Association of Intermediate School Administrators

Michigan Association of School Boards

Michigan Association of School Nurses

Michigan Association of School Psychologists

Michigan Association of School Social Workers

Michigan Association of Secondary School Principals

Michigan Association of Superintendents and Administrators

Michigan Council for Maternal and Child Health

Michigan Department of Education Office of Special Education

Michigan Department of Education

Michigan Department of Health & Human Services

Michigan Elementary and Middle School Principals Association

Michigan Health Endowment Fund

Michigan School Business Officials

Michigan School Counselor Association

Michigan State Police

MSU Extension Children and Youth Institute

Munson Healthcare Cadillac

Muskegon Area ISD

Oakland Schools

Oakridge Public Schools

Parent Action for Healthy Kids

School Community Health Alliance of Michigan

St. Joseph County ISD

Traverse Bay Area ISD

Wexford Missaukee ISD

The 31n Advisory Council went through a visioning activity and came up with the following collective agreements to guide their collaboration:

Why? Statistics show that more Michigan children and adolescents are increasingly coping with mental health issues and trauma. The purpose of the 31n Advisory Council is to provide clarity and direction on best practices for schools to follow an integrated and comprehensive approach when using 31n funds to provide mental health services to students not already receiving those services through an Individualized Education Program (IEP).

Who? The 31n Advisory Council is a group of stakeholders and professionals with diverse backgrounds and expertise that are committed to improving the social and emotional wellbeing of Michigan students through advocacy and collaboratively representing the needs of the whole child.

How? The 31n Advisory Council meets at least twice a year and subcommittees and technical assistance workgroups meet more frequently as needed and share challenges, intended outcomes, and results with the Advisory Council. Input from stakeholders across the state is sought after, valued, and considered before the Advisory Council makes any decisions or recommendations.

What? Success will be defined by a sustainably funded, comprehensive, and integrated multi-system approach that provides all Michigan students equitable access to destigmatize mental health services that improve long-term mental health outcomes.



History

Multiple stakeholders came together to create a model of care for the delivery of school health and mental health services that is high quality, responsive to local needs, and financially sustainable. This work came out of the growing evidence that Michigan schools are greatly under- resourced with both behavioral health and other health support services. There is agreement among educators and behavioral health experts that licensed mental health providers are pivotal in delivering behavioral health services that impact school safety, educational outcomes, and the long-term health of individual students. As school safety concerns grew and deepened over time, the conversation quickly focused on funding and the ability to employ additional behavioral health professionals in schools to ensure access for all students to mental health care services.



This report was created by staff at the Michigan Departments of Education and Health and Human Services.

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